

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000089392

FILED  
Jan 11, 2004  
Secretary of State

Entity Name: CHARLES KEITH RAYNOR, D.M.D.,P.A.

## Current Principal Place of Business:

1111 LINCOLN ROAD SUITE 740  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

3000 SW 148TH AVENUE  
SUITE #130  
MIRAMAR, FL 33027 US

## Current Mailing Address:

19410 NW 3RD COURT  
PEMBROKE PINES, FL 33029

## New Mailing Address:

3000 SW 148TH AVENUE  
SUITE #130  
MIRAMAR, FL 33027 US

FEI Number: 65-0952932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAYNOR, CHARLES K  
19410 NW 3RD COURT  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: RAYNOR, CHARLES K  
Address: 1111 LINCOLN ROAD SUITE 740  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES K. RAYNOR

PTSD

01/11/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date